MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05062

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS R.F.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JACKIE (Middle) LEE (Last) CHRISTY

4. DATE OF DEATH: (Month) May 22, (Day) (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 19, 1932

9. AGE Last birthday: 16 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Milton Christy

14. MOTHER'S MAIDEN NAME: Hazel Swift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war, or dates of service): Nat'l. Guard

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock - (Accidental Death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Burns over Entire body + Back - Chest + Arms + Legs + Face + Neck 916.1

(c) Gasoline 181

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT - ~~SUICIDE~~ - ~~HOMICIDE~~ (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) INJURY occurred: Fishing Boat
(CITY OR TOWN) Marion (COUNTY) Somerset (STATE) Md.
TIME (Month) (Day) (Year) (Hour) INJURY occurred: May 21 1949 10 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Gasoline + Cab Exploded Burned when Fire Broke out

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 22 May 1949 and that death occurred at 6.15 A. m., from the causes and on the date stated above.

SIGNATURE: Wm H. Coulbourn (Degree or title) M.D. ADDRESS: Crisfield Md DATE SIGNED: 5/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 24, 1949
NAME OF CEMETERY OR CREMATORY: Sunny Ridge Cemetery
LOCATION (City, town, or county) (State): Hopewell, Maryland

DATE REC'D BY LOCAL REG.: May 24, 1949
REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield, Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05063

Reg. Dist. No. 36D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter; LENGTH OF STAY (In this place) 74 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) M. (Last) Curtis

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1949

5. SEX: male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 15, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months. 1 Days 3 Hours Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dames Quarter, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Curtis Md.

14. MOTHER'S MAIDEN NAME: Hennie E. Jones Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ross Curtis Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset and Death: 5/9/49

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause etating the underlying cause last (b) Hypertension — 1947

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9th, 1949, to May 18th, 1949, that I last saw the deceased alive on May 16th, 1949, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eldon G. Mansman Princess Anne, Md. 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: May 21, 1949

NAME OF CEMETERY OR CREMATORY: Dames Quarter Cemetery

LOCATION (City, town, or county) (State): Dames Quarter, Md.

DATE REC'D BY LOCAL REG. 5/20/49

REGISTRAR'S SIGNATURE: L. H. Johnson, M.D. 2d.

24. FUNERAL DIRECTOR: Levin R. Wilson ADDRESS: Princess Anne, Md

RECEIVED
MAY 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05064

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STATE MARYLAND; LENGTH OF STAY (in this place) 33; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset; COUNTY Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) J. (Last) Curtis

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 10, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Princess Anne, Somerset Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Curtis

14. MOTHER'S MAIDEN NAME: Caline Duffey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: No.

17. INFORMANT: Mazie Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho Pneumonia — 2 weeks

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 4 Years

932

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16th, 1949, to May 3rd, 1949, that I last saw the deceased alive on May 2nd, 1949, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edgar D. Marksman — ADDRESS Princess Anne Md — DATE SIGNED May 5th 49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial — DATE THEREOF May 6, 1949 — NAME OF CEMETERY OR CREMATORY Mt. Hope A.M.E. Zion — LOCATION (City, town, or county) (State) Princess Anne, Somerset Md.

DATE REC'D BY LOCAL REG. 5/5/49 — REGISTRAR'S SIGNATURE R. E. Johnson, M.D. — 24. FUNERAL DIRECTOR Charles H. Ward — ADDRESS Marion Sta., Md.

RECEIVED
MAY 6 1949
BUREAU V. M.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05065

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Tangier Island
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tangier Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Lee (Last) Dise

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 4 1875
9. AGE last birthday 73 yrs. If under 1 year Months 6 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY Seafood
11. BIRTHPLACE (State or foreign country) Tangier Island Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Dise
14. MOTHER'S MAIDEN NAME Bernetta Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Maggie Payne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute dilatation of Heart — INTERVAL BETWEEN ONSET AND DEATH 1 hour

422.2 Antecedent cause(s) (b) Chr. Myocarditis — yrs ?

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 1949, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE C. G. Rawley M.D. (Degree or title) ADDRESS Crisfield, Md. DATE SIGNED 5/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/11/49
NAME OF CEMETERY, OR CREMATORY Ranford Spence Cemetery
LOCATION (City, town, or county) Tangier Island (State) Va.

DATE REC'D BY LOCAL REG. May 10, 1949
REGISTRAR'S SIGNATURE C. E. Collins
24. FUNERAL DIRECTOR Durward Covington ADDRESS 306 Main St. Crisfield Md.

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MAY 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05066

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset Co Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 3 mils
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hospital Crisfield Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Rehoboth COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rehoboth Md
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Hilda May (Middle) Fidgett (Last)

4. DATE OF DEATH (Month) May (Day) 8 (Year) 1948

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 15 1921
9. AGE last birthday 28 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) SHELLTOWN, MD.
12. CITIZEN OF WHAT COUNTRY? W 8a

13. FATHER'S NAME Bert Holden
14. MOTHER'S MAIDEN NAME Jessie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. 214-12-6522
17. INFORMANT George S Fidgett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Meningitis acute Del T Hist	10 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza Bronchi Pneumonia	3 mils
	(c)	

480

33a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from April 15, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE George C Coulbourn M D (Degree or title) ADDRESS Marion Sta Md DATE SIGNED May 9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 11, 49
NAME OF CEMETERY OR CREMATORY Marumsco Church Cemetery
LOCATION (City, town, or county) Marumsco. (State)

DATE REC'D BY LOCAL REG. May 10, 49
REGISTRAR'S SIGNATURE Nitty Massey
24. FUNERAL DIRECTOR Geo. W. Leighman ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05067

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 337 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 337 Broadway

3. NAME OF DECEASED (Type or Print): (First) ZORA (Middle) (Last) FIELDS

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 11, 1895

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Oyster Indust.

11. BIRTHPLACE (State or foreign country): Accomac Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Fields

14. MOTHER'S MAIDEN NAME: Emma Drummond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-10-0290

17. INFORMANT: Mrs. Alverta Fields

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	3 hrs
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93 b	(b) Myocardial failure	4 hrs
	(c) Myocarditis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1949, to May 21, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE S. M. Payton (Degree or title) M. D ADDRESS Crisfield, Md DATE SIGNED May 24

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 24, 1949 | NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery | LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REG. May 24, 1949 | REGISTRAR'S SIGNATURE C. E. Collins

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS Crisfield, Md.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05068

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dales Island Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Wallace	(Middle) Frank	(Last) Forbes	4. DATE OF DEATH	(Month) May	(Day) 16	(Year) 1949	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Nov 27, 1875	9. AGE last birthday 73 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (State or foreign country) Oneida Castle N. Y.	12. CITIZEN OF WHAT COUNTRY? U. S.					
13. FATHER'S NAME Charles Forbes		14. MOTHER'S MAIDEN NAME Sophia Trowbridge						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Rose Forbes					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Coronary Occlusion	sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from none, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Mathews MD		Princess Anne	5/17/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 18, 1949	Episcopal Cemetery	Princess Anne Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/17/49	K. E. Johnson M.D.	Dale Dashiell	Pr. Anne, Md.

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05069

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station; LENGTH OF STAY (in this place) 54 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station; STREET ADDRESS (If rural give location) Route Box 53

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Gerald

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1949.

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 8, 1895

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood & Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Station, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Gerald

14. MOTHER'S MAIDEN NAME: Jennie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-03-1482

17. INFORMANT: George Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

158

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Peritoneal Carcinoma — 2 months

46 mv

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION: mv

19b. MAJOR FINDINGS OF OPERATION: mv

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? mv

22. I hereby certify that I attended the deceased from Mch 1, 1949, to May 26, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eugene C Cochran M D Marion Md May 27-49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 29, 1949

NAME OF CEMETERY OR CREMATORY: Liberia

LOCATION (City, town, or county) (State): Marion Station, Som. Md

DATE REC'D BY LOCAL REG.: May 27 49

REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Norma J. Ward

ADDRESS: Marion Sta. Md.

RECEIVED
MAY 31 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05970

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) 5th Street

3. NAME OF DECEASED (Type or Print): (First) ALEXANDER (Middle) (Last) HOWARD

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 20,1907

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wood Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Wood Dealer

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Howard

14. MOTHER'S MAIDEN NAME: Daisy Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. Sherwood Howard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Homicide = Fractured Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

983 168

(b) Hemorrhage & Shock

(c) Crushed Skull -

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Skull - Hit with Blunt Object

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) Homicide; PLACE (Home, farm, factory, street, office bldg., etc.) Home; (CITY OR TOWN) (COUNTY) (STATE) Crisfield Somerset MD

TIME OF INJURY (Month) (Day) (Year) (Hour) 5.27.1949 p.m.; INJURY OCCURRED While at Work ☐ Not While At work X; HOW DID INJURY OCCUR? Hit on head with blunt object

22. I hereby certify that I attended the deceased from ——, 19——, to ——, 19——, that I last saw the deceased alive on ——, 19——, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Coulbourn M.D. ADDRESS Crisfield Maryland

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF May 29,1949; NAME OF CEMETERY OR CREMATORY St.Paul Cemetery; LOCATION (City, town, or county) (State) Marion, Maryland

DATE REC'D BY LOCAL REG. 5/29/49; REGISTRAR'S SIGNATURE C. E. Collins

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05671

CERTIFICATE OF DEATH

Reg. Dist. No. 26-1

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station; LENGTH OF STAY (In this place) 72 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OR DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Levi; (Middle) H; (Last) Kane

4. DATE OF DEATH: (Month) May; (Day) 11; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 1877

9. AGE last birthday: 72 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Somerset County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Silas Kane

14. MOTHER'S MAIDEN NAME: Henrietta Outen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Alberta Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Disease

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Died about 930 May 11—1949

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Natural Cause

22. I hereby certify that I attended the deceased from Was dead when ..., 19..., that I last saw the deceased alive on ... 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm H Coulbourn M.D. Crisfield, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 15, 49 | NAME OF CEMETERY OR CREMATORY: Mount Peir | LOCATION (City, town, or county) (State): Marion, Md.

DATE REC'D BY LOCAL REG.: May 14 | REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Leo W Tilghman ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05072

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 2 days; HOSPITAL ~~OR INSTITUTION OR STREET ADDRESS~~ McCready Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke, Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) POWELL (Last) LONG

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 12 1868

9. AGE last birthday: 80 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Princess Anne, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Powell

14. MOTHER'S MAIDEN NAME: Anne E. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —; (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr Allen T. Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart Failure — Interval Between Onset and Death: May 13 49

904.0 Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity + Pneumonia Hypostatic — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Arteriosclerosis Brain — 9 years

19a. DATE OF OPERATION: May 13. 49

19b. MAJOR FINDINGS OF OPERATION: Fatty Cervix & Calc. + Fibroid Pelvis Uterus L. 4 cm

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Pocomoke City R 2 Md (COUNTY): Somerset (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): May 13-49 7 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? fell striking head.

22. I hereby certify that I attended the deceased from May 13, 1949, to May 15, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo E Endsley M D — ADDRESS: Snow Hill Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 18-1949 — NAME OF CEMETERY OR CREMATORY: Presbyterian Cem — LOCATION (City, town, or county) (State): Rehoboth, Somerset, Md.

DATE REC'D BY LOCAL REG.: May 17/1949 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR — ADDRESS: Henry L. Watson, Pocomoke Md.

VS. A15

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MAY 21 1949
BUREAU V. S.

Evidence for addition in 18c is shown on:

FILM No. G 121 JUL 15 1949

05073

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alvin (Middle) (Last) Parks

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 22 1886

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oriole Maryland

12. CITIZEN OF WHAT COUNTRY: United States

13. FATHER'S NAME: Clarke Parks

14. MOTHER'S MAIDEN NAME: Addie Laird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 220-02-0702

17. INFORMANT: Mattie Parks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Failure — Interval Between Onset and Death: Instant death

190 Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Paroxysmal Auricular Fibrulation 2 mos.

(c) Laceration from skin on abdomen (2/15/49) 1½ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Debilities

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1948, to May 25, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jas. A. Wheatley M.D. Princess Anne Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: May 30 1949

NAME OF CEMETERY OR CREMATORY: Asbury Cemetery

LOCATION (City, town, or county) (State): Oriole, Maryland

DATE REC'D BY LOCAL REG. 5/30/49

REGISTRAR'S SIGNATURE: R. A. Johnson, M.D.

24. FUNERAL DIRECTOR: Dale Daskell

ADDRESS: Princess Anne Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1949
BUREAU V. S.

05074

262

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Pocomoke — LENGTH OF STAY (in this place) 25 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Pocomoke
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Rt. # 1 (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) LILLIE	(Middle)	(Last) PITTMAN	4. DATE OF DEATH	(Month) May 15, (Day) 1949 (Year) 19
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 26, 1897	9. AGE last birthday 52 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer	10b. KIND OF BUSINESS OR INDUSTRY truck farm	11. BIRTHPLACE (State or foreign country) Halifax, N. Carolina	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Gifford Long		14. MOTHER'S MAIDEN NAME Kathryn Long			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT Mary Pittman			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral Haemorrhage	5-15-49
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	6 hours 6 months
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10th, 1949, to May 15th, 1949, that I last saw the deceased alive on May 15th, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldon G. Marsman		Princess Anne, Md	5/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 22, 1949	NAME OF CEMETERY OR CREMATORY Christ M.E. Cemetery	LOCATION (City, town, or county) Pocomoke, Maryland (State)
DATE REC'D BY LOCAL REG. May 22, 1949	REGISTRAR'S SIGNATURE C. E. Collins per J. Shaw Deputy Mrs. Clayton Davis	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors	ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. B.

05075

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 262

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City Md Rural
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Pocomoke City Md
STREET ADDRESS (If rural, give location): 3 miles out of town behind Davis' Store

3. NAME OF DECEASED (Type or Print): (First) Sydney (Middle) (Last) Randolph
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct 5 - 1933
9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Boy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Somerset Co. Md Route 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Pleasant Randolph
14. MOTHER'S MAIDEN NAME: Bridget Anne Lane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Mrs Bridget A Randolph Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage (accidental) — 5 Minutes

812.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Skull - arm, shoulder, & cuts

170 c

(c) Due to being struck by released auto tire unit, at speed of state road.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Deceased was walking along shoulder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE) Somerset
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: N. E. Eastorias (Degree or title) MD. Dep. Exam. ADDRESS: Pocomoke City Md DATE SIGNED: 5/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/15/1949
NAME OF CEMETERY OR CREMATORY: Christ Meth. Church Com.
LOCATION (City, town, or county) (State): Somerset Co. Md. Route 1
DATE REC'D BY LOCAL REG.: May 13-1949
REGISTRAR'S SIGNATURE: Mrs Clayton Davis
24. FUNERAL DIRECTOR: Howard A. Gill, ADDRESS: Pocomoke City. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 16 1949
BUREAU V. S.

05076

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS 135 Maple Ave.	STREET ADDRESS (If rural, give location) 135 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Marvin (Middle) Pruitt (Last) Scott

4. DATE OF DEATH: (Month) May (Day) 3rd (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 22, 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Onancock, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Scott

14. MOTHER'S MAIDEN NAME: Deliah Croswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Delsie Townsend Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma, stomach c	6 mo
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastasis to liver, lung	
	(c) & glands of neck.	

151

46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1949, to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 10:30 p m., from the causes and on the date stated above.

SIGNATURE: C. G. Rawley MD. (Degree or title) — ADDRESS: Crisfield — DATE SIGNED: May 5

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 6, 1949 — NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: May 5, 1949 — REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05077

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Carroll; (Middle) Lee; (Last) Sterling

4. DATE OF DEATH: (Month) 5; (Day) 22; (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: 3/21/1894

9. AGE last birthday: 55 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metalsmith

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sidney Sterling

14. MOTHER'S MAIDEN NAME: Lucy Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT: Richard Lee Sterling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (e) Carcinoma stomach — Interval between onset and death: ?

151

Antecedent cause(s)

46b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1949, to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: C G Rawley M.D. (Degree or title) | ADDRESS: Crisfield | DATE SIGNED: 5-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 5/24/49 | NAME OF CEMETERY OR CREMATORY: American Legion Cemetery | LOCATION (City, town, or county) (State): Crisfield Md.

DATE REC'D BY LOCAL REG.: 5/23/49 | REGISTRAR'S SIGNATURE: C. E. Collins | 24. FUNERAL DIRECTOR: Durward Covington | ADDRESS: 306 Main St Crisfield Md

VS. A15

RECEIVED
MAY 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05078

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) Asbury

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) SULLIVAN (Last) STERLING

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 21, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Noah T. Sterling

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Jacob Sterling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.2 Immediate cause	(a) Acute dilitation heart	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Retention of urine	36 hrs.
93d	(c) Chronic myocarditis & urethral stricture	years?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1949, to May 24 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: C Rawley M D. (Degree or title) ADDRESS: Crisfield, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 27, 1949

NAME OF CEMETERY OR CREMATORY: American Legion Cemetery

LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: May 27, 1949.

REGISTRAR'S SIGNATURE: C. E. Collins

21. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05079

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Sally (Middle) (Last) Trader

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1949

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 14 1857

9. AGE last birthday: 91 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? Somerset

13. FATHER'S NAME: Littleton Bullett

14. MOTHER'S MAIDEN NAME: Elizabeth Beith Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. NO

17. INFORMANT Willis Long.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial Pneumonia.	10 days
Antecedent cause(s)	(b) Hypertension Cardio-Vasc Disease	5 Yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cirrhosis.	

443
1211 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949 to May 19 1949 that I last saw the deceased alive on May 15, 1949, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis L. Llewelyn M.D. Pocomoke City, Md. 5/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5/22/49 NAME OF CEMETERY OR CREMATORY Pinelley Chapel LOCATION (City, town, or county) (State) Somerset County

DATE REC'D BY LOCAL REG. 5/20/49 REGISTRAR'S SIGNATURE K. E. Johnson, M.D. 3d.

24. FUNERAL DIRECTOR William H. Jones Jr. Funeral Director ADDRESS Md.

RECEIVED
MAY 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05080

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
LENGTH OF STAY (in this place) 39 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Tuplin

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1949

5. SEX: male | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Jan 4. 1916 | 9. AGE last birthday: 33 yrs. | If under 1 year: Months ~~Days~~ | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Cambridge Md | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John H Tuplin | 14. MOTHER'S MAIDEN NAME: Annie M Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: 212-14-8202 | 17. INFORMANT: Fannie Tilghman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) —

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Pulmonary Tuberculosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1949 to April 29, 1949, that I last saw the deceased alive on April 29, 1949, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Frank Mathews (Degree or title) ADDRESS Princess Anne DATE SIGNED 5/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 8-1949 | NAME OF CEMETERY OR CREMATORY Upper Hill | LOCATION (City, town, or county) (State) Upper Hill Md

DATE REC'D BY LOCAL REG. 5/4/49 | REGISTRAR'S SIGNATURE R. N. Johnson, M.D. S.H.D. | 24. FUNERAL DIRECTOR ADDRESS Estes, H. Ward Marion Md.

RECEIVED
MAY 6 1949
BUREAU V. S.

05081

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield LENGTH OF STAY (In this place) 4 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tylerton
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): LORA ELLEN TYLER

4. DATE OF DEATH (Month) May (Day) 9 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	Sept. 15, 1889	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Saxis, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Dennis	Olevia Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mr. Herman Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
153 Immediate cause	(a) Coma. Myocardial Neglects	4 days
Antecedent cause(s)		
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Colon.	
	(c) Metastasis in Lipid & Cretinism	3 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 1948	Carcinoma of Sphenoid Sinus of Colon	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
no		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
Now 12:00 p.m.		no injury

22. I hereby certify that I attended the deceased from May 6, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 12 Md m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George C Cruikshank M.D.	Marion Sta Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 11, 1949	Tylerton Cemetery	Tylerton, Somerset, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 9, 49	Betty Massey	Bradshaw Funeral Parlors,	Crisfield, Md.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 12 1949
BUREAU V. S.

Evidence for change of age is on:

FILM No. G 120 JUN 15 1949

05082

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) DELL (Last) WAKTINS
4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 23, 1878
9. AGE last birthday: 70 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Long Island, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Austin
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT: Mr. Frank Watkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 Immediate cause (a) Acute Dil of Heart Uremia — 1 week

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c) Chronic Int nephritis Chronic myocarditis — 6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to May 13, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE: George C Coulburn M D (Degree or title) — ADDRESS: Marion St Md — DATE SIGNED: May 14 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 15, 1949
NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery
LOCATION (City, town, or county) (State): Reboeth, Somerset, Md.
DATE REC'D BY LOCAL REG.: May 14, 49
REGISTRAR'S SIGNATURE: Betty Massey
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield, Md. — ADDRESS:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05083

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island
LENGTH OF STAY (in this place): 63 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) Jacob (Last) Webster

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 9, 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months 4, Days 4, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): Deal Island

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Webster

14. MOTHER'S MAIDEN NAME: Mary W. Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-05-8930

17. INFORMANT: David Webster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
334 Immediate cause	(a)	
Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Cerebral Arteriosclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1942 to May 12, 1949 that I last saw the deceased alive on May 12, 1949 and that death occurred at 10:30 9 m., from the causes and on the date stated above.

SIGNATURE: Frank Mathews
(Degree or title): MD
ADDRESS: Princess Anne
DATE SIGNED: 5/14/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE: May 15, 1949
NAME OF CEMETERY OR CREMATORY: St. Johns Methodist
LOCATION (City, town, or county) (State): Deal Island, Md.

DATE REC'D BY LOCAL REG.: 5/14/49
REGISTRAR'S SIGNATURE: R. D. Johnson, M.D.
24. FUNERAL DIRECTOR: Levin R. Wilson
ADDRESS: Princess Anne, Md.

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05084

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon, Eden, Rt. 2
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Palm Beach
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belle Glade
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Williams

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH About 1889

9. AGE last birthday About 60 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Florida

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Not Known

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Joseph Reading, Eden, Rt. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

422.2

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13th, 1949, to May 22, 1949, that I last saw the deceased alive on May 13th, 1949, and that death occurred at 3:07 A m., from the causes and on the date stated above.

SIGNATURE Elrow G. Marksman (Degree or title) ADDRESS Princess Anne, Md. DATE SIGNED 5.22.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 22, 1949

NAME OF CEMETERY OR CREMATORY Wesley Cemetery

LOCATION (City, town, or county) Princess Anne, (State) Md.

DATE REC'D BY LOCAL REG. 5/22/49

REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.

24. FUNERAL DIRECTOR Levin R. Wilson, ADDRESS Princess Anne Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1949
BUREAU V. S.